AFFORDABLE CARE ACT
MASSACHUSETTS IMPLEMENTATION UPDATE

September 15, 2014

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MA-ACA Website

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Activity

For information about ACA grants awarded to and grant proposals submitted by the Commonwealth, visit the Grants page of the **Massachusetts National Health Care Reform website** at: www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html

Guidance

9/5/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on several information collection activities, including the following three collections.

Comments are due November 4, 2014 on all items.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2014-09-05/pdf/2014-21180.pdf

In item #1 HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to the Consumer Operated and Oriented Plan (CO–OP) program.

This program, established by Section 1322 of the ACA, provides for loans to establish at least one consumer-operated, qualified nonprofit health insurance issuer in each State. Issuers supported by the CO–OP program will offer at least one qualified health plan at the silver level of benefits and one at the gold level of benefits in the individual market State Health Benefit Exchanges (Exchanges). At least two-thirds of policies or contracts offered by a CO–OP will be open to individuals and small employers. Profits generated by the nonprofit CO–OPs will be used to lower premiums, improve benefits, improve the quality of health care delivered to their members, expand enrollment, or otherwise contribute to the stability of coverage offered by the CO–OP. By increasing competition in the health insurance market and operating with a strong consumer focus, the CO–OP program will provide consumers more choices, greater plan accountability, increased competition to lower prices, and better models of care, benefiting all consumers, not just CO–OP members. The CO–OP program will provide nonprofits with loans to fund start-up costs and State reserve requirements, in the form of Start-up Loans and Solvency Loans. An applicant may apply for (1) joint Start-up and Solvency Loans; or (3) only a Solvency Loan. Planning Loans are intended to help loan recipients determine the feasibility of operating a CO–OP in a target market. Start-up Loans are intended to assist loan recipients with the many start-up costs associated with establishing a new health insurance issuer. Solvency Loans are intended to assist loan recipients with meeting the solvency requirements of States in which the applicant seeks to be licensed to issue qualified health plans.

In item #2 HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Payments for Services Furnished by Certain Primary Care Providers and Supporting Regulations.

§ACA 1202, requires state Medicaid agencies, with federal support, to pay certain primary care physicians at rates equal to at least Medicare levels for specified primary care services). The final rule published in the November 6, 2012 Federal Register implements §1202 of the Health Care and Education Reconciliation Act (HCERA), passed alongside the ACA, which requires Medicaid agencies to increase primary care payment rates to Medicare levels in calendar years 2013 and 2014 for eligible services delivered by qualified physicians. The increase applies to a specific set of services and procedures that CMS designates as "primary care services."

According to HHS, the information collected will be used to document expenditures for the specified primary care services in the baseline period for the purpose of then calculating the expenditure eligible for 100 federal matching funds in calendar years 2015 and 2016, should Congress extend the availability of such funding and make no additional changes in statutory language necessitating programmatic alterations.

In item #3 HHS/CMS is seeking comments on a new information collection activity related to the establishment of a temporary risk corridors program that will apply to qualified health plans (QHPs) in the individual and small group markets for the first three years that Exchanges will operate.

As required by ACA §1342, and addressed in the final rule published in the Federal Register on March 11, 2014, each issuer conducting business in the individual and small group markets in states that adopted the transitional policy is required to submit enrollment data, including enrollment in transitional policies. Transitional policies are individual or small group health insurance coverage in states that adopted the transitional policy announced by CMS in a letter dated November 14, 2013. Transitional health plans (non-grandfathered coverage in the small group and individual health insurance markets which may have otherwise been canceled or terminated but were authorized to continue for an additional policy year by HHS on in the letter. According to HHS, the agency will use the data to amend the risk corridors program provisions in statute to mitigate any unexpected losses

for issuers of plans subject to risk corridors that are attributable to the effects of this transitional policy.

Beginning October 1, 2013, qualified individuals and qualified employees could purchase private health insurance coverage through Exchanges (Marketplaces) for January 1, 2014 effective dates. The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. Furthermore, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in a qualified health plan (QHP) through the Exchange and pursue financial assistance (§1401, 1411, and 1412). QHPs are health plans that have been certified by an Exchange, provide essential health benefits (EHB, §1301) and follow established limits on cost-sharing (such as reduced deductibles, copayments, and out-of-pocket maximum amounts).

In 2014, HHS implemented the premium stabilization programs, which will stabilize premiums in the individual and small group markets and minimize the effects of adverse selection that may occur as insurance reforms and the Exchanges launch. These programs include transitional reinsurance (§1341), temporary risk corridors programs (§1342), and a permanent risk adjustment program (§1343) to provide payments to health insurance issuers that cover higher-risk populations and to more evenly spread the financial risk borne by issuers. The transitional reinsurance program and the temporary risk corridors program, which begin in 2014, are designed to provide issuers with greater payment stability as insurance market reforms are implemented. The reinsurance program will reduce the uncertainty of insurance risk in the individual market by partially offsetting risk of high-cost enrollees. The risk corridors program, which is a federally administered program, will protect against uncertainty in rates for qualified health plans by limiting the extent of issuer losses and gains.

Prior guidance can be found at: www.hhs.gov/healthcare/index.html

News

9/9/2014 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on Low-Dose Aspirin for Women who are at High Risk for Preeclampsia. The USPSTF recommends that women at high risk for preeclampsia use low-dose aspirin (81 mg/day) after 12 weeks of pregnancy to prevent the condition and its related health problems. The USPSTF assigned a “B” rating to the recommendation, indicating that the Task Force recommends the service.

According to the USPSTF, preeclampsia is a complex condition that occurs in pregnant women and is characterized by a rise in blood pressure and excess protein in the urine after 20 weeks of pregnancy. It is one of the leading causes of health complications for expectant mothers and their babies, affecting about 4 percent of all deliveries (approximately 160,000 each year) in the United States.

The USPSTF’s evidence review found that pregnant women who are at high risk for developing preeclampsia can take a low daily dose of aspirin to help prevent the condition. This review has found that low-dose aspirin can reduce the risk for preeclampsia by 24%, premature birth by 14%, and intrauterine growth restriction—when a baby grows slower than expected in the mother’s uterus—by 20%.

The USPSTF also recommends that before taking aspirin, pregnant women should talk to their doctor or nurse to determine their risk level and discuss if taking aspirin is the right thing for them.

The USPSTF is an independent panel of non-federal government experts that conduct reviews of scientific evidence of preventive health care services. The USPSTF then develops and publishes recommendations for primary care clinicians and health systems in the form of recommendation statements. As part of their recommendations process, the USPSTF will assign definitions to the services they review based on the certainty that a patient will receive a substantial benefit from receiving the benefit. Services that are graded "A" and "B" are highly recommended and the USPSTF believes there is a high certainty that patient will receive a substantial or moderate benefit.

Under ACA §1001, all of the recommended services receiving grades of "A" or "B" must be provided without

cost-sharing when delivered by an in-network health insurance provider in the plan years (or, in the individual market, policy years) that began on or after September 23, 2010. Because the recommendation that women at high risk for preeclampsia use low-dose aspirin was given a “B” rating, this service must be provided without cost sharing.

Read the final recommendation statement at:
www.uspreventiveservicestaskforce.org/bulletins/asprpregfinalrsbulletin.pdf

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: www.uspreventiveservicestaskforce.org/

Bookmark the **Massachusetts National Health Care Reform website** at:
National Health Care Reform to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: Dual Eligibles for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.

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